

New \_\_\_\_\_ Renewal \_\_\_\_\_



**For office use only:**

Licensing Year: \_\_\_\_\_

License No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**CEREAL MALT BEVERAGE LICENSE SUPPLEMENTAL WORKSHEET**

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS FOR RENEWALS \_\_\_\_\_

KANSAS SALES TAX NUMBER \_\_\_\_\_

(If just applied for, please write applied for in this space, if you need the forms; call 785-296-4937)

Principal enterprise of the business: \_\_\_\_\_

(Please specify: tavern, grocery store, cafe, private club, etc.)

Date \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

For Office Use Only:

Consumption on Premises \$200.00 Unopened Packages \$50.00  
Amount \$ \_\_\_\_\_ + \$25.00 State Revenue Stamp = Total Paid \$ \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Certificate of Health Department

The sanitary facilities (DO / DO NOT) meet the minimum requirements for handling and serving (FOOD / FOOD AND DRINK)  
for (CONSUMPTION ON PREMISES / PACKAGE SALES ONLY).

Date \_\_\_\_\_ Health Official \_\_\_\_\_

Certificate of Zoning

**NEW APPLICATIONS ONLY**

I hereby certify that the above property is presently zoned District \_\_\_\_\_. The above request (IS / IS NOT)  
permitted in this district.

Date \_\_\_\_\_ Zoning Official \_\_\_\_\_

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Certificate of Police Department

1. The applicant (HAS/HAS NOT) been convicted of a felony within two year immediately preceding the date of making this application.
2. The applicant (HAS/HAS NOT) been convicted of a crime involving moral turpitude within two years immediately preceding the date of making this application.
3. The applicant (HAS/HAS NOT) been adjudged guilty of drunkenness within two years immediately preceding the date of making this application.
4. The applicant (HAS/HAS NOT) been adjudged guilty of driving a motor vehicle while under the influence of intoxication liquors within two years immediately preceding the date of making this application.
5. The applicant (HAS/HAS NOT) been convicted of the violation of any state or federal intoxicating liquor law within two years immediately preceding the date of making this application.

I hereby (APPROVE / DISAPPROVE) this application.

Date \_\_\_\_\_ Police Department \_\_\_\_\_

(This form prepared by the Attorney General's Office)  
(Firm, Partnership, or Association application form)  
**APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES**

\_\_\_\_\_, \_\_\_\_\_ COUNTY, KANSAS \_\_\_\_\_,  
TO THE GOVERNING BODY OF THE CITY OF \_\_\_\_\_, KANSAS  
or  
THE BOARD OF COUNTY COMMISSIONERS OF \_\_\_\_\_ COUNTY, KANSAS  
I \_\_\_\_\_, on behalf of a firm,  
partnership, of association (circle the proper one) known as \_\_\_\_\_

\_\_\_\_\_ hereby apply for a license to retail cereal malt beverages in conformity with the laws of the State of Kansas, and the rules and regulations prescribed, and hereafter to be prescribed to you, relating to the sale or distribution of cereal malt beverage; and for the purpose of securing such license, I make the following statements under oath:

1. The firm, copartnership, or association is made up of the following persons whose names, residences, ages, dates of birth, places of birth, methods of obtaining United States citizenship with date and place of naturalization, if that is the basis of citizenship, together with the length of each person's residence within the State of Kansas and the city or county to which this application is being made, are set forth below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I hereby certify that with regard to each of the above-named persons the following statements are true:

None of them has within the last two years from this date been convicted of:

- (a) A felony
- (b) A crime involving moral turpitude
- (c) Drunkenness
- (d) Driving a motor vehicle while under the influence of intoxicating liquors
- (e) Violation of any state or federal intoxicating liquor law

If any of the above have been convicted of any of the above-specified offenses, the details are set out hereinafter.

3. (a) The premises for which the license is desired are located at \_\_\_\_\_

(b) The legal description of the premises is \_\_\_\_\_

(c) The street number is \_\_\_\_\_

(d) The building is described as \_\_\_\_\_

(e) The business will be conducted under the name of \_\_\_\_\_

(f) The place of business will be conducted by the following manager, if not by one of the firm, partnership, or association members \_\_\_\_\_

(g) Said manager's place and date of birth \_\_\_\_\_

(h) Said manager's residence in the State of Kansas in \_\_\_\_\_ County and in the City of \_\_\_\_\_ are as follows:

(i) Said manager is a citizen of the United States by birth (    ), naturalization (    ), is not a citizen (    ). If a naturalized citizen, the place and date of naturalization are \_\_\_\_\_

(j) Said manager has not been convicted of any of the crimes specified in number 2 above (    ). If he has, the details are as follows: \_\_\_\_\_

4. The name(s) and address(es) of the owner or owners of the premises upon which the proposed business will be conducted is/are \_\_\_\_\_

5. This application is for a license to retail cereal malt beverages for consumption on the premises (    ). For a license to retail cereal malt beverages in original and unopened containers and not for consumption on the premises (    ).

**A license fee of \$\_\_\_\_\_is enclosed herewith.**

I, \_\_\_\_\_, one of the partners ( ), association ( ), or firm members ( ), applying for the above-named license to retail cereal malt beverages hereby agree to comply with all the laws of the State of Kansas, and all rules and regulations prescribed, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler, licensed and bonded under the laws of the State of Kansas, and do hereby further consent to the immediate revocation of the cereal malt beverage retail license, if any, issued pursuant to this application by the proper officials, for the violations of any such laws, rules or regulations.

\_\_\_\_\_  
(Signature and official position of individual making application)

STATE OF KANSAS, COUNTY OF \_\_\_\_\_, ss.

I, \_\_\_\_\_, of the  
(Signature and official position)

\_\_\_\_\_, do  
(Name of firm, copartnership, or association)

solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true. So help me God.

\_\_\_\_\_  
(Signature and official position)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Character of official administering oath)

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

APPLICATION APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
(Official position)

of \_\_\_\_\_, Kansas  
(City or county)

Recorded in Volume \_\_\_\_\_, at page \_\_\_\_\_

NOTE: A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE APPLICATION FEE REQUIRED BY K.S.A. 2001 SUPP. 41-2702(e), MUST BE SUBMITTED TO THE **DIVISION OF ALCOHOLIC BEVERAGE CONTROL BUREAU, KANSAS DEPARTMENT OF REVENUE.**

**SECTION I - TAXPAYER IDENTIFYING INFORMATION**

## SECTION II - TAX COMPUTATION

MAKE CHECK OR MONEY ORDER PAYABLE TO "BUREAU OF ALCOHOL, TOBACCO AND FIREARMS", WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK AND SEND IT WITH THE RETURN TO BUREAU OF ATF, P.O. BOX 371962, PITTSBURGH, PA 15250-7962	TOTAL TAX DUE \$ 0.00
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SIGNATURE	TITLE	DATE
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**SECTION III - BUSINESS REGISTRATION****10. OWNERSHIP INFORMATION:**

(Check One Box Only)

☐

INDIVIDUAL OWNER

☐

PARTNERSHIP

☐

CORPORATION

☐

OTHER (Specify) \_\_\_\_\_

**11. OWNERSHIP RESPONSIBILITY: (Read instruction sheet; use a separate sheet of paper if additional space is needed.)**

FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION

12. ☐ GROSS RECEIPTS less than \$500,000 (See instructions for reduced rate taxpayers on the attached instruction sheet)

13. <input type="checkbox"/> NEW BUSINESS ( <b>NOTE: RETAILERS AND WHOLESALERS SHOW DATE ALCOHOLIC BEVERAGE SALES BEGAN; PRODUCERS, MANUFACTURERS AND USERS SHOW DATE BUSINESS COMMENCED</b> )	DATE OF CHANGE (mm, dd, yy)
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14. ☐ EXISTING BUSINESS WITH CHANGE IN:

<input type="checkbox"/> (a) NAME/TRADE NAME (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (b) ADDRESS (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (c) OWNERSHIP (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (d) EMPLOYER IDENTIFICATION NUMBER (OLD: _____ NEW: _____ )	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (e) BUSINESS TELEPHONE NUMBER ( _____ )	
15. <input type="checkbox"/> DISCONTINUED BUSINESS	DATE BUSINESS DISCONTINUED (mm, dd, yy)

**PAPERWORK REDUCTION ACT NOTICE**

This information is used to ensure compliance by taxpayers of P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue Laws of the United States. ATF uses the information to determine and collect the right amount of tax.

The estimated average burden associated with this collection of information is .8 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**(SEE ATTACHED INSTRUCTION SHEET)**

ATF F 5630.5 (10-99)